hydrochloride), along with supportive care, has been found to be helpful. The syndrome can easily be confused with "Chinese restaurant syndrome."

The local health department should be notified promptly when scombroid poisoning is suspected, as preventive action can frequently be taken by removing any suspect fish from the marketplace.

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REFERENCES

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New Guidelines for Determining When Tuberculosis Patients Are No Longer a Public Health Risk

THE CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS, on the recommendation of the California Tuberculosis Controllers Association, recently adopted new guidelines for determining when tuberculosis patients are no longer a public health risk in the community and thus can be released from all restrictions on their activities.

GUIDELINES

Tuberculosis patients under certain conditions, even though still harboring viable tubercle bacilli, present a minimal hazard of disease transmission to others in the community. It is believed that in cases where the criteria listed here are fulfilled, the patients present such an insignificant risk to the community that restriction of their activities is not justifiable.

Criteria

- The patient has had at least one month of continuous, adequate chemotherapy with at least two drugs to which his organisms are sensitive.
- The patient has responded to treatment both clinically and radiologically and is asymptomatic.
- The patient is now, and can be expected to remain, under medical supervision for his disease.
- The patient is cooperative and understands the nature of his disease, and it can be expected that he will continue on drug therapy and that the prescribed drugs will be available to him for the necessary period of time.
- The patient's home situation has been evaluated by public health personnel and is considered suitable for such a patient.

• The patient's sputum has been examined by concentration and culture by approved public health laboratory methods, and at least three consecutive concentrated smears have been negative.

It is emphasized that these are *guidelines* only. In all instances the local health officer has discretion and final responsibility for the control of communicable diseases within his jurisdiction.

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Recommendations for the Control of Tuberculosis. Health and Welfare Agency, Dept of Health, State of California, Berkeley, 1974, pp 10-11

Amniocentesis

TRANSABDOMINAL AMNIOCENTESIS, a technique used in the latter stages of pregnancy to prevent Rh hemolytic disease and respiratory distress syndrome, can also be used earlier (about the 15th week of gestation) to detect certain genetic disorders and allow their prevention by therapeutic abortion. Experienced genetic screening centers have found amniocentesis to be a remarkably lowrisk procedure. The recent introduction of ultrasonic placental localization has reduced fetal hazards even further.*

There are several situations in which amniocentesis should be considered.

- Chromosomal Disorders. The risk of Down's syndrome, as well as other chromosomal disorders, increases with maternal age and with a history of previous affected offspring. The risk of bearing a child with Down's syndrome is about 1 in 2,000 for women in their 20's, 1 in 300 for women in their 30's and 1 in 40 for women in their 40's. Therefore, amniocentesis has been advised for women over age 35, or those who have had previous chromosomal anomalies such as Down's syndrome. It is advised particularly when parents are known carriers of chromosmal translocations.
- Metabolic Disorders. A number of inherited metalobic disorders, such as Lesch-Nyhan syndrome, galactosemia, lysosomal acid phosphatase deficiency, mucopolysaccharidosis, Pompe's disease, Tay-Sachs disease, Niemann-Pick disease, Fabry's disease and methylmalonic aciduria, have been specifically identified by amniocentesis. Be-

^{*}HEW's Division of Biological Effects, Bureau of Radiological Health has just initiated a survey of women exposed during 1972 to determine whether ultrasound has any adverse effects on the mother or fetus.